



## **REPORT**

### **Statewide Arizona American Indian Behavioral Health Forum III Report**

***“Change is Occurring – What is our Vision for the Future?”***

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**February 20-21, 2014  
Colorado River Indian Tribes  
Blue Water Resort & Casino  
Parker, Arizona**

**Prepared by the Forum III Planning Committee**

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## ACKNOWLEDGMENTS

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The planning committee would like to acknowledge the Colorado River Indian Tribes for being this year's host Tribe and Native Health (Native American Community Health Center, Inc.) for serving as this year's fiscal agent. Additionally, the planning committee would like to acknowledge the following sponsors for their financial contribution to the development of the forum.

### ***Eagle Feather Sponsors***

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## EXECUTIVE SUMMARY

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On February 20-21, 2014, the Statewide Arizona American Indian Behavioral Health Forum III: *"Change is Occurring – What is our Vision for the Future?"* was convened at the Blue Water Resort and Casino in Parker, Arizona on the Colorado River Indian Tribes Reservation. Forum III was designed to build upon the recommendations of the Forum II participants. The most significant recommendation was allowing more time on the Agenda for open communications between the presenter(s) and the attendees. A multi-Agency Planning Committee planned the event.

134 participants attended Forum III representing Arizona Tribal Nations, State Agencies, the Inter Tribal Council of Arizona, Inc., Tribal and Regional Behavioral Health Authorities, Urban Indian Health Programs, Indian Health Service, and private behavioral health providers.

This year's Agenda topics included information on federal laws impacting Indian communities namely the Affordable Care Act and its implementation in Arizona, the Tribal Law and Order Act, and the Violence Against Woman Act. The agenda also included presentations on historical trauma, its impacts on children, and services available to children in Arizona. At the end of Day One an evening reception was held at which the financial sponsors were honored, a cultural presentation was provided and a memorial was held in honor of Mr. Albert Long (Navajo) who passed on in August 2013. Mr. Long was a

long-time friend and advocate of behavioral health issues from the Navajo Nation. His family was honored and the first ever Albert Long Memorial Behavioral Health Award was presented.

The Forum's overarching goal was to provide an opportunity for Arizona tribal/urban Indian representatives and behavioral health providers to present updates, share accomplishments and challenges, discuss current state and federal policy issues impacting service delivery, and make recommendations to address barriers.

The Reflection Forms (Evaluation) reflected significant attendee satisfaction with the Forum. For Forum IV the attendees recommended having breakout sessions/workshops to facilitate more interaction on the various topics, continuation of Historical Trauma presentations and presentations on Fetal Alcohol Syndrome.

All the power point presentations will be posted on the ADHS Native American website at [www.azdhs.gov/diro/tribal/](http://www.azdhs.gov/diro/tribal/).

## DAY ONE (FEBRUARY 20, 2014)

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**WELCOME:** Fred Hubbard, Master of Ceremonies, welcomed the participants to the Forum. The opening prayer was provided by Pastor Daphne Hill-Poolaw, Colorado River Indian Tribes (CRIT) Elder and the Posting of Colors was conducted by the Colorado River Indian Tribes Freeman Sharp Post #70.

**TRIBAL LEADER REMARKS:** Honorable Chairman Dennis Patch, CRIT, welcomed the participants to the Forum and CRIT. He provided an overview of how the CRIT Reservation was established in 1855 and explained how the four Tribes; Mohave, Chemehuevi, Hopi and Navajo people make up the CRIT. Chairman Patch encouraged the participants to develop new ideas to address the issues in behavioral health.

**FORUM III PLANNING COMMITTEE REMARKS:** Michael Allison, Native American Liaison, ADHS, explained that the Forum is held every 2 years and that the Planning Committee was seeking a new Tribe to host Forum IV for 2016. He further explained that the Forum Planning Committee membership is open to individuals interested in advancing behavioral health care for American Indians in Arizona.

**EAGLE FEATHER SPONSOR WELCOME REMARKS:** Three organizations provided financial sponsorship of \$5000 to the Forum. Their sponsorship benefits package provided the opportunity to make welcoming remarks to the audience.

Melinda Vasquez, Chief Officer, Community Affairs, provided comments on behalf of Cenpatco of Arizona.

Annette Church, Director of Clinical Operations, provided comments on behalf of Community Partnership of Southern Arizona (CPSA).

Mary Jo Gregory, CEO, provided comments on behalf of Northern Arizona Regional Behavioral Health Authority (NARBHA).

**FORUM II SUMMARY REPORT:** Lydia Hubbard-Pourier, Tribal Contract Administrator, ADHS DBHS, provided an overview of the evaluation results from Forum II. Based on the evaluation comments, the following agenda commitments were made to this year's forum:

- Audio and visual needs will be more accommodating to the participants,
- More time will be scheduled for discussions regarding speakers and panel presentations,
- Presentations will be kept on time to not get behind on schedule.
- ADHS executive behavioral health staff will be in attendance throughout the forum.

**FORUM III OBJECTIVES:** Dennis Huff, Behavioral Health Director, Native Health, provided the objectives for Forum III:

- Provide an opportunity to offer input on outstanding behavioral health concerns.
- Provide information on state and federal policy issues affecting tribal service delivery.
- Provide an opportunity to explore the impact of historical trauma on the mental health of American Indians.
- Examine trauma informed care as a way to increase the skills of providers.
- Provide an opportunity for networking.
- Provide an opportunity to present service delivery concerns.

**KEY NOTE ADDRESS – ADHS BEHAVIORAL HEALTH UPDATE:** Cory Nelson, Deputy Director, ADHS/DBHS, provided the ADHS update.

Beginning April 1, 2014, Mercy Maricopa Integrated Care (MMIC) will serve as the new Maricopa County Regional Behavioral Health Authority (RBHA). Currently behavioral health, physical health, and Medicare services are delivered by multiple plans but MMIC will have an integrated health care approach whereby all services will be combined into a single plan serving people with Serious Mentally Illness (SMI) in Maricopa County.

Every 5 years new contracts are awarded to organizations to serve as the RBHA in designated geographical areas throughout the state. In July 2014, Request for Proposals (RFPs) to become a RBHA (outside Maricopa County) will be publicly issued. The new contracts will be awarded in December 2014, and implementation will begin in October 2015.

A final agreement of the *Arnold v. Sarn*, a historic class action, filed in 1981 which required the State of Arizona and Maricopa County to develop a full continuum of community mental health services to ensure that individuals with SMI can live successfully in their community, had been issued by the court.

The Screening, Brief Intervention, and Referral to Treatment (SBIRT) is a collaborative project between the Governor's Office for Children, Youth, and Families, ADHS, and NARBHA which began implementation in October 2012 in the counties of Apache, Coconino, Mohave, Navajo, and Yavapai. Studies show that people who received screening and brief intervention in an emergency department, hospital or primary care office experienced fewer non-fatal injuries, hospitalizations, arrests, and motor vehicle crashes. Data from the pilot will be examined to determine what parts can be replicated in other parts of the state.

Mental Health First Aid (MHFA) is the help offered to a person developing a mental health problem or experiencing a mental health crisis until appropriate treatment and support are obtained or until the crisis resolves. The Arizona state legislature provided \$250,000 for MHFA for the period July 2013

through June 2014. These funds have been used to train instructors and for course materials (classes are free to the public). The Gila River TRBHA has implemented the program and will continue the program. The Pascua Yaqui Tribe and White Mountain Apache Tribe will begin the program this year. More information can be found at [www.mentalhealthfirstaidaz.com](http://www.mentalhealthfirstaidaz.com).

A question and answer period followed Mr. Nelson's presentation whereby Forum participants were afforded the opportunity to ask questions and make comments.

**KEYNOTE ADDRESS: AFFORDABLE CARE ACT IMPLEMENTATION IN ARIZONA:** Beth Kohler, Deputy Director, Arizona Health Care Cost Containment System (AHCCCS), provided the presentation.

In July 2011, due to the budget recession, Arizona implemented an enrollment freeze for the childless adult population 0-100% FPL that was eligible for AHCCCS under the voter initiative known as Proposition 204. At that time, 220,000 Arizonans were enrolled in that category. Through attrition, that enrollment declined to 67,770 by December 2013. Arizona understood that the medical and behavioral health needs of this population had not been eliminated but the cost of care was being borne by providers, largely hospitals, without compensation. The State recognized a long-term solution was needed because the cost of uncompensated care was not sustainable.

In the State of the State, former Arizona Governor Jan Brewer called for the restoration of Prop. 204 childless adult coverage (estimated 240,000 Arizonans 0-100% FPL) and new adult coverage (estimated 50,000 – 60,000 Arizonans between 100-133% FPL). Because Arizona expanded early under Proposition 204, the State was not eligible for 100% federal funding for childless adults. The State could access an enhanced federal match (85% federal) for states that expanded coverage prior to the Affordable Care Act. However, Arizona could only access the higher 85% match for childless adults if it lifted the freeze and “expanded” to include adults from 100-133% FPL. The State could not afford Proposition 204 restoration (adults 0-100% FPL) without expansion (adults 100-133% FPL). The restoration and future state costs of the expansion are funded through a hospital assessment that is currently the subject of litigation.

The IHS Uncompensated Care Waiver was established to allow AHCCCS to make supplemental payments to IHS and Tribal 638 facilities to offset revenue losses associated with the childless adult freeze and benefit reductions. With Proposition 204 restoration, IHS Uncompensated Care Waiver payments for the enrollment freeze are no longer needed. Payments for benefit reductions were approved through September 2016. In total, AHCCCS has paid over \$150 Million.

Individuals in Arizona are able to apply for insurance through the Federal Marketplace or through Health-e-Arizona Plus (HEAplus). The Affordable Care Act required all state Medicaid programs to change the way income is calculated for Medicaid enrollees. To comply, AHCCCS leveraged its online product, Health-e-Arizona, to be upgraded to HEAplus. The Federal Marketplace is where people who do not qualify for Medicaid or AHCCCS can access tax credits for subsidized commercial health insurance or qualified health plans and access income cost sharing reductions such as co pays and coinsurance. Navigators are available to assist people to get through the Healthcare.gov process.

All Medicaid enrollees will have the same benefits regardless of their eligibility category. Changes to the Medicaid package included: restored coverage for well exams, added coverage for the HPV Vaccine for adults, added coverage for 15 separate physical therapy visits to acquire or maintain a skill or function,

and the 25-day inpatient hospital limit expiring as they transition from a per diem methodology to a per diagnosis methodology.

AHCCCS is focusing on new ways to coordinate care for the American Indian Health Program (AIHP) client/patients beyond just paying claims. After reviewing data, receiving feedback from Tribes, and hosting a workgroup session with the three IHS Area Offices and providers, AHCCCS has identified opportunities to facilitate care coordination. Elizabeth Carpio from AHCCCS will work on care coordination for the AIHP Population.

To increase the quality and safety of non-emergency medical transports for clients, new requirements for providers have been created, which include obtaining tribal business licenses, providing car checks, conducting onsite visits, and vehicle inspections.

A question and answer period followed Ms. Kohler's presentation whereby Forum participants were afforded the opportunity to ask questions and make comments.

**PANEL PRESENTATION: TRIBAL LAW AND ORDER ACT:** A 3-part panel presentation was provided discussing how the Gila River Indian Community (GRIC) has implemented the Tribal Law and Order Act (TLOA), how their GRIC Behavioral Health Department developed their Tribal Action Plan and how they are responsible for performing competency evaluations and restoration for community members.

Part 1: Claude Jackson, Assistant General Counsel, GRIC Office of the General Counsel, provided a brief overview of the TLOA and how GRIC implemented it within their community.

The Indian Civil Right Act's (ICRA) revisions has increased tribal sovereignty for Tribes and also expanded sentences and criminal offenses. The goal of the TLOA is to improve public safety and justice systems in Indian country. In 2010, the GRIC Tribal Council directed the Office of General Counsel to be the lead department to implement the TLOA. A TLOA workgroup was formed to revise the GRIC Criminal Code. In 2011 the GRIC Tribal Council directed implementation of enhanced sentencing under the TLOA. The revised criminal code became effective January 1, 2014 with felony not effective until June 1, 2014.

Part 2: Steve Willis, Assistant Director, Behavioral Health Services, Gila River Health Care, explained how the GRIC Behavioral Health Department performs competency evaluations and restoration.

To determine if a person is competent to stand trial the GRIC uses a credentialed evaluator. The Evaluator presents his/her determination to the judge and within 30 days after expert reports are submitted a hearing is held to decide if the client is competent and can stand trial. The judge has the ultimate authority to determine whether a client is competent or incompetent. A competent client must be able to assist counsel in their own defense.

If after initial evaluations the court finds the defendant not competent, the defendant will be ordered for restoration unless it is determined competency cannot be restored within 15 months. The total time a defendant may be in restoration is 21 months from the finding of incompetency.

Part 3: Priscilla Foote, Director, Behavioral Health Services (BHS), Gila River Health Care, provided a presentation focused on the development of their Tribal Action Plan (TAP), which is a TLOA requirement.

The GRIC identified the Gila River Health Care Corporation Behavioral Health Services (BHS) to be the lead organization for the TAP development. A Tribal Coordination Committee was created by Tribal

Council Resolution to implement the TAP, to provide ongoing review and evaluation of the TAP, and to make policy recommendations to the Tribal Council.

The purpose of the TAP is to assess the needs and resources relative to alcoholism, addiction, and substance abuse prevention and treatment. Every three years the health care needs of the community will be assessed. The Strategic Prevention Framework Model was used to develop the TAP.

A question and answer period followed the presentations whereby Forum participants were afforded the opportunity to ask questions and make comments.

**VIOLENCE AGAINST WOMEN ACT (VAWA) PANEL PRESENTATION:** A 3-part panel presentation was provided highlighted the Colorado River Regional Crisis Shelter, the Colorado River Indian Tribes Victim Advocacy Program (VAP), and the Violence Against Women Act (VAWA).

Part 1: Denise Perez, Executive Director, Colorado River Regional Crisis Shelter (CRRCS), provided information about the non-profit agency. CRRCS began in 1997 providing emergency shelter and address problems for women wanting to leave abusive relationships.

Part 2: Rebecca Loudbear, Attorney General, CRIT, provided information on the CRIT VAP and how the VAWA will impact the CRIT once it is implemented. The CRIT Reservation is located in California and Arizona therefore different jurisdictions apply to domestic violence cases depending on whether it is reservation land in Arizona or California. Only 34% of the population on the reservation identifies as American Indian. The CRIT has not received authorization to implement the VAWA but has applied to be a part of a pilot program to do so.

Prior to 2008 when the CRIT Tribal Council passed its Domestic and Family Violence Code, the lack of criminal jurisdiction meant Tribal members did not have access to certain state or federally funded crime victim services. The CRIT VAP received a 3-year federal grant which provided for two full time advocate positions. The CRIT VAP provides community outreach, education, and training to the community as well as assists victims in asserting their rights and provides assistance to victims. The CRIT VAP works closely with the CRRCS for shelter and transitional services.

Part 3: Alfred Urbina, Chief Prosecutor, Pascua Yaqui Tribe, described the process the Pascua Yaqui Tribe embarked on to implement the VAWA and future hurdles they expect to encounter.

The VAWA allows Tribes to exercise their sovereign power to investigate, prosecute, convict, and sentence both Indians and non-Indians who assault Indian spouses or dating partners or violate a protection order in Indian country. It also allows Tribes to issue and enforce civil protection orders against Indians and non-Indians. The Pascua Yaqui Tribe is one of three pilot Tribes selected nationally to implement the VAWA. February 20, 2014, at midnight is the first day the jurisdiction begins for the three pilot Tribes. Pascua Yaqui will be monitored by the US DOJ to implement the requirements.

The VAWA also protects defendant's rights of non-Indians and grants them due process. Rights afforded to the defendant are: a bar certified attorney to represent the defendant, a jury including non-Indians, a bar certified judge, availability of the code to be viewed, and an opportunity for appeal.

A question and answer period followed the presentations whereby Forum participants were afforded the opportunity to ask questions and make comments.



**EVENING RECEPTION:** Fred Hubbard provided welcoming remarks. Elmer Myron, Substance Abuse Counselor, Native Health, provided the blessing for the activities and dinner.

Fred Hubbard and Lydia Hubbard-Pourier recognized and thanked all financial sponsors, each were presented with appreciation plaques and certificates. Joe Poor Thunder, Drum Singer sung an honor song for the sponsors. Amanda Barrera, CRIT Tribal Council Member introduced Valerie Welsh-Tahbo, CRIT Treasurer, who introduced her sons who sang various bird songs for the evening cultural entertainment.

A tribute was paid to Albert Long who had recently passed on from cancer. Mr. Long was a long-time behavioral health care leader for the Navajo Nation. Recognition and honor was given to Mr. Long's family. In his memory the Forum III Planning Committee instituted the Al Long Behavioral Health Memorial Award which was presented to Mr. Fred Hubbard. The award is to be presented during the Forum to a person whose life, actions, and experiences support the needs of the American Indian behavioral health community. Joe Poor Thunder closed the evening with two memorial honor songs on behalf of the Long family.

## **DAY 2 (FEBRUARY 21, 2014)**

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**WELCOME:** Fred Hubbard provided opening remarks and recapped the Day One presentations and discussions. The opening prayer was provided by Pastor Daphne Hill-Poolaw, CRIT Tribal Elder.

**KEYNOTE A: THE INTERGENERATIONAL EXPERIENCE OF HISTORICAL TRAUMA:** Eddie Grijalva, Tribal Liaison, Compass Behavioral Health Care provided a brief overview of historical trauma and how it is transmitted through generations, and strategies to address its impacts.

*Historical Trauma* is a cumulative emotional and psychological wounding over the lifespan and across generations emanating from massive group trauma. It is often overlooked and also described as multigenerational trauma experienced by a specific group. Research suggests that even those who have never experienced the traumatic stressors can still exhibit signs and symptoms of trauma.

American Indians have been exposed to generations of violent colonization, assimilation policies, and overall general trauma.

The Historical Trauma Intervention Model has four major community intervention components: 1) Confronting the historical trauma, 2) Understanding the trauma, 3) Relapsing the pain of historical trauma, and 4) Transcending the trauma. This model provides a way for communities and individuals to get past the impacts of historical trauma. The Intervention Model has 3 major hypotheses: 1) Education increases awareness, 2) Sharing effects of trauma provides relief, and 3) Grief resolution through collective mourning/healing creates positive group identity and commitment to community.

A question and answer period followed Mr. Grijalva's presentation affording Forum participants the opportunity to ask questions and make comments.

## **KEYNOTE B: TRAUMA INFORMED CARE AND THE ADVERSE CHILDHOOD EXPERIENCES STUDY**

**HEALING INVISIBLE WOUNDS:** Eddie Grijalva introduced the participants to the model of trauma informed care and described the results of the Adverse Childhood Experiences (ACE) Study.

Trauma informed care is a seminal concept and model by which trauma informed systems and services take into account knowledge about trauma, its impact, interpersonal dynamics, and paths to recovery and incorporate this knowledge thoroughly in all aspects of service delivery. The model is a top down model endorsed throughout the whole organization.

The ACE Study assessed associations between childhood maltreatment and later-life health and well-being. Kaiser Permanente Medical Care Program and the CDC collaborated on this study and interviewed 17,000 patients. The study was an outgrowth of observations made in an obesity program with a high dropout rate.

The findings from the ACE Study provides staggering evidence of the impact of childhood trauma on health, social, and economic risks. The ACE Study reveals a powerful relationship between our emotional experiences as children and our physical and mental health as adults. A history of childhood trauma leads to the early development of chronic disease, substance abuse, mental illness and death. The higher the ACE score the higher traumatic adverse childhood experiences a person may have.

A question and answer period followed Mr. Grijalva's presentation affording Forum participants the opportunity to ask questions and make comments.

**ISSUES IN CHILDREN SERVICES/REFERRALS IN TRIBAL COMMUNITIES -ARIZONA'S CHILDREN BEHAVIORAL HEALTH SERVICES:** Bob Crouse, Implementation Manager, ADHS/DBHS, provided the presentation.

The ADHS/DBHS serves as the single state authority to provide coordination, planning, administration, regulation, and monitoring of all facets of the state public behavioral health system.

In 1991, a lawsuit was filed against ADHS and AHCCCS alleging the agencies were not adequately providing services to children. As a result, a settlement agreement was created to set stipulations on how to work with children and families. A Memorandum of Understanding was created which involved the Department of Economic Security, Arizona Department of Juvenile Corrections, and Arizona Department of Education to voluntarily and collectively embrace the Arizona Vision and its 12 Principles.

The Child and Family Team (CFT) Practice is based on a wraparound process congruent with group/team decision making, person-centered planning, and individual family service plans. Each child is required to have a CFT but the structure of the team may vary depending on the complexity of needs. No more than half of the team members can be professionals and may include parents.

An array of behavioral health services are covered for children which include behavioral health day programs, prevention services, rehabilitation services, medical services, treatment services, and support services.

A question and answer period followed Mr. Crouse's presentation affording Forum participants the opportunity to ask questions and make comments.

**CLOSING AND FORUM ADJOURNMENT:** Fred Hubbard provided closing remarks. The Retiring of Colors was provided by the CRIT Freeman Sharp Post #70. Pastor Daphne Hill-Poolaw, CRIT Tribal Elder, provided the closing prayer for the event.

### ***EVALUATIONS (Reflection)***

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Seventy-four reflections forms were turned in by participants. The reflection form was divided into three main sections. Section I pertained to overall forum characteristics and logistics. Section II pertained to the Forum's presentations. Section III was comprised of three broad open-ended questions.

The first section of the reflection form asked participants to express their degree of satisfaction or dissatisfaction in 10 categories on a rating scale of Very Satisfied, Satisfied, Neutral, Dissatisfied, Very Dissatisfied, No Comments. The percentage of participants that rated the categories as Very Satisfied or Satisfied is provided below:

1. Overall Conference Satisfaction: 92%
2. Date of Conference: 96%
3. Convenience of Registration: 94%
4. Level of Publicity: 74%
5. Registration Fees: 92%
6. Conference Facility: 90%
7. Conference Location: 83%
8. Programs and Handouts: 94%
9. Quality of Presenters: 92%
10. Usefulness of Information: 87%

The second section of the reflection form asked attendees to express their degree of satisfaction or dissatisfaction in regards to the six subject matters presented during the Forum on a rating scale of Very Satisfied, Satisfied, Neutral, Dissatisfied, Very Dissatisfied, No Comments. The percentage of participants that rated the categories as Very Satisfied or Satisfied is provided below:

1. ADHS/DBHS Update: 91%
2. Affordable Care Act Implementation: 80%
3. Tribal Law & Order Act Panel: 77%
4. Violence Against Women Act Panel: 90%
5. Keynote A – Historical Trauma: 87%
6. Keynote B – Trauma Informed Care: 77%

The third section of the reflection form was comprised of three open-ended questions. Below are the three questions and common reply themes that arose for each question.

Question 1: What was the most important or meaningful part of Forum III for you?

More than half of the responses listed the subject matter presentations as most meaningful. Listed below are the top three presentations most mentioned in order of ranking.

1. Historical Trauma and Trauma Informed Care
2. VAWA and TOLA
3. ADHS/DBHS Updates

Many responses listed networking or meeting new people in behavioral health as being the most important or meaningful part of the Forum.

Question 2: What might be helpful follow-up from Forum III?

Responses included presenting information in other ways including workshops, breakouts, and webinars. To a lesser extent, having CEUs available for health care professionals was mentioned as being helpful follow-up.

Question 3: What other comments or recommendations do you have to help us plan for future events (including topics)?

Responses included children/youth, Fetal Alcohol Syndrome and reaching out to youth.

**RECOMMENDATIONS:** For Forum IV participants recommended: (1) adding breakout sessions/workshops to the agenda which would facilitate more conversation about the topics, and (2) keeping Historical Trauma and adding Fetal Alcohol Syndrome to the agenda.

## Attachment One

### List of Participants

Last Name	First Name	Job Title	Company
Allison	Michael	Native American Liaison	ADHS
Argier	Jonay	No Information Provided	No Information Provided
Baha	Jaime	Behavioral Health Technician	Rainbow Treatment Center
Barrera	Amanda	Tribal Council Member	Colorado River Indian Tribes
Bertel	Norman	Psychologist	CRIT Behavioral Health Services
Beulke	Virginia	Substance Abuse Counselor	CRIT BHS/ASAP
Bird	John	Project Director	Tohono O'odham Circles of Care
Blatchford	Miranda	Clinical Director	Navajo Nation DBHS
Boone	Patrick	Spiritual and Native Medicine Coordinator	Tuba City Regional Health Care Corporation
Booth	Melissa	Administrative Assistant	CRIT Behavioral Health Services
Brummund	Antone	BH Service Program Manager	Hualapai Health Education & Wellness Center
Burkett Crist	Jordanna	Clinical Supervisor - IOP	Native American Connections
Burns	Doris	Elderly Care	C.R.I.T. Senior Center
Cadue	Angel	Program Specialist	Centene/Tribal Warm Line
Canfield	Diana	Clinical Director	CRIT Behavioral Health Services
Cano	Natividad	Native Ways Coordinator	The Haven
Carl	Norberta	No Information Provided	No Information Provided
Chavez	Julia	Program Manager	Pascua Yaqui Tribe
Church	Annette	Director/Clinical Operations	Community Partnership of Southern Arizona
Cochran	Barbara	Mental Health Therapist	CRIT Behavioral Health Services
Cogburn	Fred	CEO	Community Intervention Associates
Corden	Ann	Guidance Counselor	Indian Oasis Elementary School
Cory	Clare	Program Manager	Pascua Yaqui Tribe
Crawford	Stephanie	Clinical Coordinator	Arizona Counseling & Treatment Services
Crouse	Bob	Implementation Manager	ADHS/DBHS
Dallas	Laverne	Interested Community Member	
Delgado	Marcella	Wellness Case Manager	Tucson Indian Center
Diaz	David	Substance Abuse Committee Member	SCTCA
Enriquez	Lydia	Administrative Assistant	Arizona Advisory Council on Indian Healthcare
Esquibel	Maricela	Lead Victim Advocate	Colorado River Regional Crisis Shelter
Estes	TKay	Wraparound Supervisor	Pascua Yaqui Tribe

Etsitty	Shannon	No Information Provided	No Information Provided
Figueroa	Cambi	Yuma Site Manager	ACTS
Flood	Michael	Acting Behavioral Health Consultant	Tucson Area IHS
Foote	Priscilla	Behavioral Health Services Director	Gila River Health Care
Fry	Linda	Director, Tribal Social Services	Yavapai Apache Nation
Fuhriman	Nathan	LPC	CRIT Behavioral Health Services
Garcia	Trivean	Social Worker	Fort Yuma
Geppert	Rohno	CQM Coordinator	AHCCCS
Green	Delphine	Case Management Specialist	DBHS/NRBHA
Gregory	Mary Jo	President and Chief Information Officer	NARBHA
Gregory	Tom	No Information Provided	No Information Provided
Grijalva	Edward	Coordinator of Special Populations/Tribal Liaison	Compass-SAMHC
Guadalupe	Mario	No Information Provided	No Information Provided
Hartgroves	Laura	Director of Provider and Network Services	NARBHA
Harvey	Desiree	Case Manager	Navajo Nation DBHS
Hicks	Alan	Behavioral Health Clinician	Yavapai Apache Nation-BH Program
Hill	Rebecca	Executive Director	Pueblo Research Services
Hill-Poolaw	Daphne	Chairperson	Mohave Elders
Hilt	Laverne	Substance Abuse Technician	Phoenix Area Indian Health
Holona	Gen	Clinical Director	Dept of Behavioral Health Services
Homer	Juanita	Senior Program Manager	Tohono O'odham Nation BH
Howard	Reuben	Executive Director	Pascua Yaqui Tribe - Health Division
Howard	Roberta	CEO	NAZCARE
Hubbard	Fred	Retired	
Hubbard-Pourier	Lydia	Tribal Contract Administrator	ADHS/DBHS
Huff	Dennis	Behavioral Health Director	Native Health
Hunter	Barbara	Program Director	Colorado River Regional Crisis Shelter
Imus	Charlene	Data/Intake Coordinator	Hualapai Health Education & Wellness Center
Jackson	Claude	Assistant General Counsel	Gila River Indian Community
James	Jeanetta	DBHS/RBHA Case Assistant	Navajo Nation DBHS/RBHA
Joe	Mariella	Family Support Coordinator	Rainbow Treatment Center
Johnson	Anthony	Director of Social Services	Indian Health Service
Johnson	Merle	Substance Abuse Counselor	CRIT Behavioral Health Services
Johnson	Shannon	Substance Abuse Counselor	CRIT Behavioral Health Services

Johnston	Roy	Counselor	Native Health
Jose	Marlene	Health Promotion Specialist	Tucson Indian Center
Kyle	April	Business Development	The Art Institutes
Lawson	Myra	Community Development Specialist	TOCC Circles of Care
Kohler	Beth	Deputy Director	AHCCCS
Lee	Robin	Case Manager	IHS
Leggett	Pennie	Family/ Marriage Therapist	CRIT Behavioral Health Services
Lewis	Collette	Behavioral Health Director	Fort Mojave Indian Tribe
Lizer	Alton	Case Assistant	Navajo DBHS/RBHA
Lomay	Nicole	Community Outreach Representative	Banner Alzheimer's Institute
Lopez	Brendalee	Interim Executive Director	Az American Indian Oral Health Initiative
Lopez	Cindie	LSW	CRIT Behavioral Health Services
Lopez	Isaac	Manager	Lincoln Air
Lopez	Juan	Substance Abuse Counselor	CRIT Behavioral Health Services
Lopez	Stephanie	Substance Abuse Counselor	CRIT Behavioral Health Services
Loudbear	Rebecca	Attorney General	Colorado River Indian Tribes
Manuel	Mildred	Program Manager, Senior	Tohono O'odham Nation- Division of Special Needs
Manuelito	Shundeen	Office Assistance	DBHS/NRBHA
Mascarenes	Francisco	Intern	Az American Indian Oral Health Initiative
Matthews	Sheila	Social Worker/Case Manager	Parker Indian Hospital
McIntyre	David	Behavioral Health Consultant	Indian Health Service
Melvin	Daryl	CEO	Fort Yuma Health Center
Milazzo	Faye	Secretary	CRIT Behavioral Health Services
Myron	Elmer	Substance Abuse Counselor	Native Health
Myron	Nadenia	MC, LPC, LISAC	Private Practice
Nagel	John	Lead Psychiatrist	Flagstaff TGC PAC-U
Nagle	Helen	Supervisor Clinical Initiatives	Cenpatico
Nelson	Cory	Deputy Director	ADHS/DBHS
Pechuli	Suzette	Aftercare Specialist	San Carlos Adult/Juvenile Rehab. Detention Center
Pentz	Katherine	Therapist	CRIT Behavioral Health Services
Perez	Betty	Liaison	Compass-SAMHC
Perez	Deniese	Executive Director	Colorado River Regional Crisis Shelter
Phares	Julieanna	Community Health Educator	Tucson Indian Center
Phillips	Anderson	Tribal Liaison	Community Bridges, Inc.
Platero	Damon	Counselor	Navajo BHS

Riddoch	Gage	Deputy Director Behavioral Health	Pascua Yaqui Tribe
Rime	Michael	VP Business Development	United Health Care
Roybal	Darcy	Tribal Relations Manager	Magellan Health Services of AZ
Russell	Kim	Consultant	
Ryanlawr	Mary Kay	No Information Provided	No Information Provided
Salazar	Erika	Transition Specialist/trainer	NAZCARE
Sampson	David	Program Manager	Tohono O'odham Nation
Sanchez	Rene	Wellness Case Manager	Tucson Indian Center
Sarabia	Sheila	Peer Support Specialist	CRIT Behavioral Health Services
Short	Arnie	Substance Abuse Counselor	CRIT Behavioral Health Services
Spenser	Caroline	No Information Provided	No Information Provided
Talakte	Bonnie	Tribal Relations Liaison	AHCCCS
Tarquinio	Stacey	Director of Business Development	Compass-SAMHC
Tom	Ronalda	Case Assistant	DBHS/NRBHA
Torres	Yoendry	Director Behavioral Health	Pascua Yaqui Tribe
Tsosie	Laraine	Case Management Specialist	Chinle RBHA
Tsosie	Laverne	Substance Abuse Case Manager	Hualapai Health Education & Wellness Center
Tsosie	Lorenzo	American Indian Program Liaison	Southern Peaks Medicine Bear
Urbina	Fred	Chief Prosecutor	Pascua Yaqui Tribe
Valencia	Marcos	Wellness Center Manager	NAZCARE
Valencia	Mario	Native Pride Project Coordinator	Tucson Indian Center
Vasquez	Melinda	Chief Officer of Cultural & Community Affairs	Cenpatico
Vasquez	Nora	Nutrition Spec./Family Service Advocate	C.R.I.T. Head Start
Wells	Cheri	Behavioral Health Director	NACA
White	Irene	Tribal Liaison	Arizona Dept of Juvenile Correction
White	Neil		Cocopah Indian Tribe
Whitehat	Gregg	Case Management Specialist	DBHS/NRBHA
Willis	Steve	Behavioral Health Services Assistant Director	Gila River Health Care
Yaiva	Gabriel	Tribal Liaison	NARBHA
Yaiva	Leander	Project Assistant	Advisory Council on Indian Health Care
Yaktus	Tamara	Clinical Initiative Program Specialist	Cenpatico
Yazzie	Tammy	Senior Programs and Projects Specialist	Navajo Nation Department of Behavioral Health Services
Ybanez	Theresa	Mens Path Program Manager	Pascua Yaqui Tribe
Yellowhair	Sheina	Tribal Liaison	Cenpatico



## Agenda

### February 20, 2014: Day 1 Agenda

7:30 a.m.	<b>Registration</b> <span style="float: right;">Conference Center Lobby</span>
	<b>Continental Breakfast</b> <span style="float: right;">Mohave/Hopi Room</span>
8:30 a.m.	<b>Welcome</b>
	<span style="padding-left: 40px;">Fred Hubbard, Master of Ceremonies</span>
	<b>Opening Prayer</b>
	<span style="padding-left: 40px;">Pastor Daphne Hill-Poolaw, Colorado River Indian Tribes Elder</span>
	<b>Posting of Colors</b>
	<span style="padding-left: 40px;">Colorado River Indian Tribes Freeman Sharp Post #70</span>
	<b>Flag Song</b>
	<span style="padding-left: 40px;">Joe Poorthunder, Navajo/Dakota/Cree</span>
	<b>Tribal Leader Remarks</b>
	<span style="padding-left: 40px;">Honorable Dennis Patch, Chairman, Colorado River Indian Tribes</span>
	<b>Forum III Planning Committee Remarks</b>
	<span style="padding-left: 40px;">Michael Allison, Native American Liaison, ADHS</span>
	<b>Eagle Feather Sponsor Welcome Remarks</b>
	<span style="padding-left: 40px;">Cenpatico</span>
	<span style="padding-left: 40px;">Community Partnership of Southern Arizona</span>
	<span style="padding-left: 40px;">Northern Arizona Regional Behavioral Health Authority</span>
	<b>Forum II Summary Report</b>
	<span style="padding-left: 40px;">Lydia Hubbard-Pourier, Tribal Contract Administrator, ADHS DBHS</span>
	<b>Forum III Objectives</b>
	<span style="padding-left: 40px;">Dennis Huff, Behavioral Health Director, Native Health</span>
9:45 a.m.	<b>ADHS/DBHS Update</b>
	<span style="padding-left: 40px;">Cory Nelson, Deputy Director, ADHS DBHS</span>
10:15 a.m.	<b>Break</b>
10:30 a.m.	<b>Affordable Care Act Implementation in Arizona</b>
	<span style="padding-left: 40px;">Beth Kohler, Deputy Director, Arizona Health Care Cost Containment System</span>
11:45 a.m.	<b>Break</b>
12:00 p.m.	<b>Buffet Lunch (provided)</b>
1:00 p.m.	<b>Tribal Law &amp; Order Act (TLOA) Panel Presentation</b>
	<span style="padding-left: 40px;">Moderator: Lydia Hubbard-Pourier, ADHS DBHS</span>
	<span style="padding-left: 40px;">Panel Members:</span>
	<span style="padding-left: 40px;">Claude Jackson, Assistant General Counsel, Gila River Indian Community/Office of the General Counsel</span>
	<span style="padding-left: 40px;">Steve Willis, Assistant Director, Behavioral Health Services, Gila River Health Care</span>

	Priscilla Foote, Director, Behavioral Health Services, Gila River Health Care	
<b>2:30 p.m.</b>	<b>Break</b>	
<b>2:45 p.m.</b>	<b>Violence Against Women Act (VAWA) Panel Presentation</b> Moderator: Amanda Barrera, Councilwoman, Colorado River Indian Tribes Panel Members: Alfred Urbina, Chief Prosecutor, Pascua Yaqui Tribe Rebecca Loudbear, Attorney General, Colorado River Indian Tribes Denise Perez, Executive Director, Colorado River Regional Crisis Shelter	
<b>4:15 p.m.</b>	<b>Break</b>	
<b>6:00 p.m.</b>	<b>Evening Reception (Buffet Dinner Provided)</b> Sponsor Recognition and Memorial Recognition for Mr. Albert Long	Mohave/Hopi Room
<b>8:00 p.m.</b>	<b>End of Day One</b>	

### February 21, 2014: Day 2 Agenda

<b>7:30 a.m.</b>	<b>Registration</b>	Conference Center Lobby
	<b>Continental Breakfast</b>	Mohave/Hopi Room
<b>8:30 a.m.</b>	<b>Welcome</b> Fred Hubbard, Master of Ceremonies  <b>Opening Prayer</b> Pastor Daphne Hill-Poolaw, Colorado River Indian Tribes Elder	
<b>8:45 a.m.</b>	<b>Keynote A – “The Intergenerational Experience of Historical Trauma”</b> Eddie Grijalva, Coordinator of New Directions & Four Winds Turning Point/ Coordinator of Special Populations, Compass Behavioral Health	
<b>9:30 a.m.</b>	<b>Keynote B – “Trauma Informed Care and the Adverse Childhood Experiences Study”</b> Eddie Grijalva, Coordinator of New Directions & Four Winds Turning Point/ Coordinator of Special Populations, Compass Behavioral Health	
<b>10:30 a.m.</b>	<b>Break</b>	
<b>10:45 a.m.</b>	<b>Facilitated Discussion – Issues in Children Services/Referrals in Tribal Communities</b> Facilitator: Lydia Hubbard-Pourier, ADHS DBHS Robert Crouse, Implementation Manager, Adult & Children System of Care, ADHS/DBHS	
<b>11:30 a.m.</b>	<b>Retiring of Colors</b> Colorado River Indian Tribes Freeman Sharp Post #70  <b>Closing Prayer</b> Pastor Daphne Hill-Poolaw, Colorado River Indian Tribes Elder  <b>Flag Song</b> Joe Poorthunder, Navajo/Dakota/Cree	
<b>12:00 p.m.</b>	<b>Forum Adjournment and Deli Lunch (provided)</b>	

**Planning Committee Member List**

Michael Allison, Arizona Department of Health Services (Co-Chair)

Lydia Hubbard-Pourier, Arizona Department of Health Services (Co-Chair)

Alan Hicks, Yavapai Apache Nation

Alida Montiel, Inter Tribal Council of Arizona, Inc.

Amanda Barrera, formerly Advisory Council on Indian Health Care

Sheina Yellowhair, Cenpatico

Priscilla Foote, Gila River Health Care Corporation

Gen Holona, Navajo Division of Behavioral Health Services

Bonnie Talakte, Arizona Health Care Cost Containment System

Clare Cory, Pascua Yaqui Tribe

D'arcy Roybal, Magellan of Arizona

Dennis Huff, Native Health

Gabriel Yaiva, Northern Arizona Regional Behavioral Health Authority

Holly Figueroa, Northern Arizona Regional Behavioral Health Authority

Julia Chavez, formerly CPSA

Linda Evans, Yavapai Apache Nation

Lydia Enriquez, Advisory Council on Indian Health Care

Anderson Phillips, Community Bridges